Attorney Docket No. 4633-0155PUS1

BIRCH, STEWART, KOLASCH & BIRCH, LLP

PLEASE NOTE: YOU MUST COMPLETE THE FOLLOWING

Insert Title:

P.O. Box 747 • Falls Church, Virginia 22040-0747 Telephone: (703) 205-8000 • Facsimile: (703) 205-8050

COMBINED DECLARATION AND POWER OF ATTORNEY FOR PATENT AND DESIGN APPLICATIONS

As a below named inventor, I hereby declare that: my residence, post office address and citizenship are as stated next to my name; that I verily believe that I am the original, first and sole inventor (if only one inventor is named below) or an original, first and joint inventor (if plural inventors are named below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

REFRIGERATION: APPARATUS

Fill in Appropriate	the specification of v	vhich is attache	d hereto. If not attached here	eto, the application	n is identified by the	e attorney docket i	number as set		
	forth above and/or t	he following:							
nformation -	The specification			as					
For Use Without			<i></i>						
Specification	and amended o	on			(if applicable) and/or				
Attached:	the specificatio	n was filed on]	uly 26, 2004	as PCT					
	International A	nber <u>PCT/JP2004/10620</u>			;	and was			
	amended on _			(if applicable)					
Insert Priority Information: (if appropriate)	amended by any am I acknowledge Regulations, §1.56. I do not know thereof, or patented year prior to this ap prior to this applica date of this applica representative or as patent or inventor's application by me o I hereby claim or inventor's certific	endment referr the duty to d and do not belie or described is pplication, that tion, that the ir ation in any cosigns more that certificate on to r my legal repre- foreign priority ate listed below hat of the appli- plication(s)	isclose information which is ever the same was ever known any printed publication in the same was not in publication in the same was not in publication has not been paten ountry foreign to the Uniten twelve months (six month his invention has been filed is entatives or assigns, except a benefits under Title 35, Unit and have also identified be cation on which priority is considered.	n or used in the lany country betoe or on sale in the dot of the dot of the second of	Inted States of Amerore my or our invention of the United States of States of an invention of the United States of an invention to this application to the United oreign to the United pplication for paten	ed in Title 37, Coorica before my or ntion thereof or more toor's certificate issuation filed by me on, and that no a l States of America	de of Federal our invention nore than one than one year led before the or my legal pplication for a prior to this n(s) for patent ificate having		
	(Number)	(Count	rv)	(Month/Day/	Year Filed)	□. Yes	No		
Insert Provisional Application(s): (if any)	I hereby claim the benefit under Title 35, United States Code, §119(e) of any United States provisional applications(s) listed below. (Application Number) (Filing Date)								
	(Application Number)			(Filing Date)					
	All Foreign Applica the Filing Date of Tl		r any Patent or Inventor's C	ertificate Filed M	ore than 12 Months	(6 Months for Des	signs) Prior to		
Insert Requested Information: (if appropriate)	Country		Application Number		Date of Filing (Mor	nth/Day/Year)			
•	I hereby claim the benefit under Title 35, United States Code, §120 of any United States and/or PCT application(s), including for continuation-in-part application(s) listed below and, insofar as the subject matter of each of the claims of this application is no disclosed in the prior United States and/or PCT application in the manner provided by the first paragraph of Title 35, United States Code, §112, I acknowledge the duty to disclose information which is material to the patentability as defined in Title 37, Code of Federal Regulations, §1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application.								
Insert Prior U.S. Application(s): (if any)	(Application Numb	er)	(Filing Date)		(Status - patented,	pending, abandon	ed)		
Page 1 of 2	(Application Numb	er)	(Filing Date)		(Status - patented,	pending, abandon	ed)		

Attorney Docket No.

I hereby appoint the practitioners at CUSTOMER NO. 2292 as my attorneys or agents to prosecute this application and/or an international application based on this application and to transact all business in the United States Patent and Trademark Office connected therewith and in connection with the resulting patent based on instructions received from the entity who first sent the application papers to the practitioners, unless the inventor(s) or assignee provides said practitioners with a written notice to the contrary:

Send Correspondence to:

BIRCH, STEWART, KOLASCH & BIRCH, LLP or CUSTOMER NO. 2292

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Full N

Full N

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Full Name of First or Sole Inventor: Insert Name of Inventor →	GIVEN NAME/FAMILY NAME	INVENTOR'S SIGNATURE		DATE*						
Inventor → Insert Date This Document is Signed	Ryogo KATO	Ryong Kut	σ	Sep 7, 2004						
nsert Residence	Residence (City, State & Country)		CITIZENSHIP	, , , , , , , , , , , , , , , , , , ,						
nsert Citizenship →	Osaka, Japan		Japan							
insert Post Office Address →	MAILING ADDRESS (Complete Street Address including City, State & Country) C/O Rinkai Factory, Sakai Plant,									
	DAIKIN INDUSTRIES, LTD., 12, Chikkou-shinmachi 3-cho, Sakai-shi, Osaka 592-8331, Japan									
full Name of Second Inventor, if any:	GIVEN NAME/FAMILY NAME	INVENTOR'S SIGNATURE		DATE*						
see above	Yoshitaka SHIBAMOTO	Yoshitaka Shib		Aug 23,2004						
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Full Name of Third Inventor, if any. see above	GIVEN NAME/FAMILY NAME	INVENTOR'S SIGNATURE		DATE*						
	Residence (City, State & Country)	CITIZENSHII	P							
	MAILING ADDRESS (Complete Street Address including City, State & Country)									
Full Name of Fourth Inventor, if any: see above	GIVEN NAME/FAMILY NAME	INVENTOR'S SIGNATURE		DATE*						
Inventor, if any:	GIVEN NAME/FAMILY NAME Residence (City, State & Country)	INVENTOR'S SIGNATURE	CITIZENSHII							
Inventor, if any:			CITIZENSHII							
Inventor, if any: see above	Residence (City, State & Country)		CITIZENSHII							
Inventor, if any: see above	Residence (City, State & Country) MAILING ADDRESS (Complete Street Address	including City, State & Country)	CITIZENSHII	P						
Inventor, if any: see above Full Name of Fifth Inventor, if any:	Residence (City, State & Country) MAILING ADDRESS (Complete Street Address	including City, State & Country)	CITIZENSHII	P DATE*						
Inventor, if any: see above Full Name of Fifth Inventor, if any:	Residence (City, State & Country) MAILING ADDRESS (Complete Street Address GIVEN NAME/FAMILY NAME	including City, State & Country) INVENTOR'S SIGNATURE		P DATE*						
Inventor, if any: see above Full Name of Fifth Inventor, if any: see above	Residence (City, State & Country) MAILING ADDRESS (Complete Street Address GIVEN NAME/FAMILY NAME Residence (City, State & Country) MAILING ADDRESS (Complete Street Address	including City, State & Country) INVENTOR'S SIGNATURE		P DATE*						
Inventor, if any: see above Full Name of Fifth Inventor, if any:	Residence (City, State & Country) MAILING ADDRESS (Complete Street Address GIVEN NAME/FAMILY NAME Residence (City, State & Country)	including City, State & Country) INVENTOR'S SIGNATURE	CITIZENSHI	P DATE*						
Inventor, if any: see above Full Name of Fifth Inventor, if any: see above	Residence (City, State & Country) MAILING ADDRESS (Complete Street Address GIVEN NAME/FAMILY NAME Residence (City, State & Country) MAILING ADDRESS (Complete Street Address	including City, State & Country) INVENTOR'S SIGNATURE		P DATE*						
Inventor, if any: see above Full Name of Fifth Inventor, if any: see above	Residence (City, State & Country) MAILING ADDRESS (Complete Street Address GIVEN NAME/FAMILY NAME Residence (City, State & Country) MAILING ADDRESS (Complete Street Address GIVEN NAME/FAMILY NAME	including City, State & Country) INVENTOR'S SIGNATURE including City, State & Country) INVENTOR'S SIGNATURE	CITIZENSHI	P DATE*						